GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:464
ANSWERED ON:17.07.2002
MEDICAL CARE FACILITIES
SAVSHIBHAI MAKWANA

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government have chalked out any time-bound programme to provide medical care facilities in the remote areas of the country particularly in Gujarat;

(b) whether the Government are aware that health care industry has a potential of creating 30 million jobs in the country; and

(c) if so, the steps taken by the Government so far to harness the potential of health care industry in generating employment besides health checking programme?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a): Yes, Sir. Health Care Services in Rural and remote areas of the country including Gujarat are provided through a system of Primary Health Care Infrastructure including Sub-centres, Primary Health Centres and Community Health Centres. The Centra Government supplements the efforts of the State Governments to strengthen Health Care services with the following interventions.

Area Development Projects are being implemented with financial assistance from external agencies for addressing gaps in integrated service delivery through the construction of buildings for sub-centres, primary health centres and community health centres,

Under the reproductive & Child Health Programme, the following steps are being taken to strengthen the primary health services in the country:

- Major Civil Works for repair/construction of OT/Labour Room
- Provision of equipments/medicine for emergency obstetric care at first referral units
- Financial assistance for contract appointments/hiring of Anaesthetists / Gynaecologists/Safe Motherhood consultants/Staff Nurses/Lab. Technician, Additional, ANMs etc.
- Skill based in-service training for capacity building of ANMs and other health functionaries.

Efforts are also being made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health camps etc. Rs. 74.38 crores were released to the State Government of Gujarat during 2001-2002 under various RCH Schemes.

`Earthquake release funds to the tune of Rs. 61.85 crores were released during 2001-2002 for reconstruction of damaged/destroyed health facilities in Gujarat.

Under Sector investment programme total funds of Rs. 63.44 crores have been released since 1997-98 for health sector management reforms in Gujarat.

Major NGO`s like Chetna, SEWA & Gujarat voluntary Association have been receiving the funds for various activities.

It is further envisaged that village self help groups be utilized to organize & provide basic services for Reproductive and Child Health Care, combined with the ongoing Integrated Child Development Scheme. Aanganwadi Centres could become the centre for discriminating basic health care activities, contraceptive counseling as well as supply, nutrition, education & supplementation as well as pre-school activities. These could also function as depots for ORS/basic medicines & contraceptives.

(b)& (c) Yes, Sir. Government are aware that health care industry has a potential of creating a large number of jobs in the country. The Governemnt alone cannot meet all the health needs of the people. With this in view, collaboration with the industry is proposed. The following operational strategies have been envisaged which would also generate employment besides improving health care:

1. The corporate sector and industry could, for instance, take on the challenge of strengthening the management information systems

in the seven most deficient states, at district hospitals and primary health centre levels by introducing electronic data entry machines to lighten the tedious work load of ANMs and the multi-purpose workers at sub-centres and the doctors at the primary health centres, while targeting wider coverage and outreach.

2. Collaborate with non-government sectors in running professionally sound advertisement and marketing campaigns for products and services, targeting all segments of the population, from village level upwards, in other words, strengthen advocacy and IEC, including social marketing of contraceptives.

3. Provide markets to sustain the income-generating activities from village levels upwards. In turn, this will ensure consistent motivation among the community for pursuing health and education-related community activities.

4. Help promote transportation to remote and inaccessible areas from village levels upwards.

5. The social responsibility of the corporate sector in industry must, at the very minimum, extend to providing preventive reproductive and child health care for its own employees (if 100 workers are engaged).

6. Create a national network consisting of voluntary, public, private and non-government health centres, identified by a common logo, for delivering reproductive and child health services, free to any client. The provider will be compensated for the service provided, on basis the of a coupon system, duly counter-signed by the beneficiary and paid for by a system that will be fully articulated. The compensation will be identical to providers, across all sectors. The end user exercises choices in the source of service delivery. A committee of management experts will be set up to devise ways of ensuring that this system is not abused.

7. Form a consortium of the voluntary sector, the non-government sector and the private corporate sector to aid government in the provision and outreach of basic reproductive and child health care and basic education.

8. In the area of basic education, set up privately run/managed primary schools for children up to age 14-15. Alternately, if the schools are set up/managed by the panchayat, the private corporate sector could provide the mid-day meals the text-books and/or the uniforms.